

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/341,339

FILING DATE

APPLICANT(S)

CLAIMS

	A: FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3		/					53						
4	/						54						
5	/						55						
6		/					56						
7		3/					57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	6						TOTAL DEP.						
TOTAL CLAIMS	10						TOTAL CLAIMS						